

## Standard EOI Document

### 1. Letter of Application

(Letterhead paper of the Applicant or partner responsible for a joint venture, including full postal address, telephone no., fax and email address)

Date: .....

To,

Full Name of Client: \_\_\_\_\_

Full Address of Client: \_\_\_\_\_ Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
\_\_\_\_\_ Email Address: \_\_\_\_\_

Sir/Madam,

1. Being duly authorized to represent and act on behalf of (hereinafter "the Applicant"), and having reviewed and fully understood all the short-listing information provided, the undersigned hereby apply to be short-listed by **[Insert name of Client]** as Consultant for **{Insert brief description of Work/Services}**.
2. Attached to this letter are photocopies of original documents defining:
  - a) the Applicant's legal status;
  - b) the principal place of business;
3. **[Insert name of Client]** and its authorized representatives are hereby authorized to verify the statements, documents, and information submitted in connection with this application. This Letter of Application will also serve as authorization to any individual or authorized representative of any institution referred to in the supporting information, to provide such information deemed necessary and requested by yourselves to verify statements and information provided in this application, or with regard to the resources, experience, and competence of the Applicant.
4. **[Insert name of Client]** and its authorized representatives are authorized to contact any of the signatories to this letter for any further information.<sup>1</sup>
5. All further communication concerning this Application should be addressed to the following person,  
  
*[Person] [Company] [Address]*  
  
*[Phone, Fax, Email]*
6. We declare that, we have no conflict of interest in the proposed procurement proceedings and we have not been punished for an offense relating to the concerned profession or  
  
\_\_\_\_\_

<sup>1</sup> Applications by joint ventures should provide on a separate sheet, relevant information for each party to the Application.

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Business and our Company/firm has not been declared ineligible.

7. We further confirm that, if any of our experts is engaged to prepare the TOR for any ensuing assignment resulting from our work product under this assignment, our firm, JV member or sub-consultant, and the expert(s) will be disqualified from short-listing and participation in the assignment.
8. The undersigned declares that the statements made and the information provided in the duly completed application are complete, true and correct in every detail.

**Signed** :

**Name** :

**For and on behalf of (name of Applicant or partner of a joint venture):**

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### **2. Applicant's Information Form**

*(In case of joint venture of two or more firms to be filled separately for each constituent member)*

1. Name of Firm/Company:
2. Type of Constitution (*Partnership/ Pvt. Ltd/Public Ltd/ Public Sector/ NGO*)
3. Date of Registration / Commencement of Business (*Please specify*):
4. Country of Registration:
5. Registered Office/Place of Business:
6. Telephone No; Fax No; E-Mail Address
7. Name of Authorized Contact Person / Designation/ Address/Telephone:
8. Name of Authorized Local Agent /Address/Telephone:
9. Consultant's Organization:
10. Total number of staff:
11. Number of regular professional staff:

*(Provide Company Profile with description of the background and organization of the Consultant and, if applicable, for each joint venture partner for this assignment.)*

### 3. Experience

#### 3(A). General Work Experience

( Details of assignments undertaken. Each consultant or member of a JV must fill in this form.)

S. N.	Name of assignment	Location	Value of Contract	Year Completed	Client	Description of work carried out
1.						
2.						
3.						
4.						
5.						
6.						
7.						

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**3(B). Specific Experience**

**Details of similar assignments undertaken in the previous seven years**

*(In case of joint venture of two or more firms to be filled separately for each constituent member)*

Assignment name:	Approx. value of the contract (in current NRs; US\$ or Euro) <sup>2</sup> :
Country: Location within country:	Duration of assignment (months):
Name of Client:	Total No. of person-months of the assignment:
Address:	Approx. value of the services provided by your firm under the contract (in current NRs; US\$ or Euro):
Start date (month/year): Completion date (month/year):	No. of professional person-months provided by the joint venture partners or the Sub-Consultants:
Name of joint venture partner or sub-Consultants, if any:	Narrative description of Project:
Description of actual services provided in the assignment:  <b>Note: Provide highlight on similar services provided by the consultant as required by the EOI assignment.</b>	

Firm's Name: \_\_\_\_\_

<sup>2</sup> Consultant should state value in the currency as mentioned in the contract

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**3(C). Geographic Experience**

**Experience of working in similar geographic region or country**

*(In case of joint venture of two or more firms to be filled separately for each constituent member)*

<b>No</b>	<b>Name of the Project</b>	<b>Location (Country/ Region)</b>	<b>Execution Year and Duration</b>
<b>1.</b>			
<b>2.</b>			
<b>3.</b>			
<b>4.</b>			
<b>5.</b>			
<b>6.</b>			
<b>7.</b>			

4. Capacity

4(A). Financial Capacity

(In case of joint venture of two or more firms to be filled separately for each constituent member)

Annual Turnover	
Year	Amount Currency

- Average Annual Turnover

(Note: Supporting documents for Average Turnover should be submitted for the above.)

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**4(B). Infrastructure/equipment related to the proposed assignment**

No	Infrastructure/equipment Required	Requirements Description
<b>1.</b>		
<b>2.</b>		
<b>3.</b>		
<b>4.</b>		
<b>5.</b>		

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<sup>3</sup> Delete this table if infrastructure/equipment for the proposed assignment is not required.



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**5. Key Experts** *(Include details of Key Experts only)*

*(In case of joint venture of two or more firms to be filled separately for each constituent member)*

SN	Name	Position	Highest Qualification	Work Experience (in year)	Specific Work Experience (in year)	Nationality
1						
2						
3						
4						
5						

(Please insert more rows as necessary)

**6. Information on Proposed Sector/s**

*(Letterhead paper of the Applicant or partner responsible for a joint venture, including full postal address, telephone no., fax and email address)*

We, {Name of the firm}, offer our services for the assignment of “Conduction Skill-Based Training Programs in Areas with High Potential According to Labor Market Demands ” under SDOHETAUDA:

S.N.	Sector	Number of trainees proposed	Remarks

**Signed:**

**Name:**

**For and on behalf of (name of Applicant or partner of a joint venture):**

